

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028245

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

4187

FILED AUG 14 1963

## 1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in 1b

54 YRS.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

ST. JOSEPH'S HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

5523 CRESTWOOD DRIVE

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

MARGARET J.

Middle

DAVIDSON

Last

4. DATE  
OF DEATH

Month

Day

Year

JULY

24

1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

AUG. 2, 1878

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

84

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (City and state or country)

FT. MADISON, IA.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

JOSEPH JUNG

13b. MOTHER'S MAIDEN NAME

MAGDALENA HOOTMAKER

13c. NAME OF HUSBAND OR WIFE

SAMUEL D. DAVIDSON, SR.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

-

17. INFORMANT

5523 CRESTWOOD DRIVE

SAMUEL D. DAVIDSON, SR. K.C. MO.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute congestive heart failure

INTERVAL BETWEEN ONSET AND DEATH

12 hours

DUE TO (b)

Sigmoid colon diverticulitis

7/17/63

DUE TO (c)

rupture and small intestine obstruction

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

July 17, 63 to July 24, 63

and last saw her alive on July 24, 63

Death occurred at

5145 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

1103 Grand Avenue

22c. DATE SIGNED

7/25/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

JULY 26, 1963

23c. NAME OF CEMETERY OR CREMATORY

MT. MORIAH CEMETERY

23d. LOCATION (City, town, or county)

KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR

331 BRUSH CREEK BLVD.

25. DATE RECD. BY LOCAL REG.

7-26-63

26. REGISTRAR'S SIGNATURE

Ruth Long

D.W. NEWCOMER'S SONS, K.C. MO.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

G. Willits

U.S. 2-1919

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer \_\_\_\_\_

Signed Vern Lawler

Licensed Embalmer No. 4015

P. O. Address KG 2nd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.